

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

DATE: February 12, 2002

OFFICE CORRESPONDENCE

FILE:

FROM: RICHARD L. CASTRO, COMMANDER
TRAINING DIVISION

TO: ERIC B. SMITH, CAPTAIN
CENTURY STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
NON-HIT SHOOTING, SEPTEMBER 21, 2001, REVIEW #2046388**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on September 21, 2001.

The Committee met on February 11, 2002, and consisted of myself, Commander Patrick Mallon (Commander of the Department) and Commander David Betkey (Commander of the Department). The Committee determined that the use of force by Deputy Angel Jaimes # [REDACTED] was within Department policy. **Please advise the deputy of this finding.**

The Committee directed that Deputy Jaimes' failure to qualify be handled at the station level.

RLC:KRK:kk

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Investigative Summary

Officer Involved Shooting Report

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 - in-service
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 - Crime scene sketches
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 - Force/Shooting Admonitions

Los Angeles County Sheriff's Department

Officer Involved Shooting

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| | | | | | |
|---|--|--|----------|--|--|
| Report Date: 09/21/2001 | | Bureau/Station/Facility: FOR II/Century | | Admin. Invest? <input type="checkbox"/> Hit? <input type="checkbox"/> | |
| Incident Information | | | | | |
| URN: 001-18527-2172-055 | | Date: 09/21/2001 | | Time: 1048 | |
| City or Station: Century | | Nature of Incident: Deputies confronted Suspect [REDACTED] and saw the outline of a gun in his waistband. Suspect fled and deputies chase him in their radio car. The suspect pointed the gun at Deputy Jaimes. Deputy Jaimes fired three rounds, missing the suspect. | | | |
| Location: [REDACTED] 77th Place, Los Angeles | | | | | |
| Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot <u>Residence</u> Rural School Street Other: _____ | Lighting (circle only one): Darkness <u>Daylight</u> Other Street Lights | Incident Type (circle one or more): Accidental <u>Armed Person</u> Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Startle Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service Other: _____ | | Initiated by (circle only one): Arrest Warrant Call <u>Observation</u> One Person Unit Other Search Warrant Two Person Unit | |
| | Weather (circle only one): <u>Clear</u> Cloudy Fog Rain | | | Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u> | |
| | Distance: 40 feet | | | | |
| Total # of Shots Fired by Deputy 3 | Total # of Shots Fired by Suspect 0 | | | Aero Unit? <input checked="" type="checkbox"/> | Canine Unit? <input checked="" type="checkbox"/> |
| Employee Witnesses | | | | | |
| Employee # | Last Name | First Name | M.I. | ShiftTime (circle only one): EM PM [REDACTED] | ShiftType (circle only one): [REDACTED] Overtime Off Duty |
| Employee # | Last Name | First Name | M.I. | ShiftTime (circle only one): EM PM Day | ShiftType (circle only one): Regular Overtime Off Duty |
| Employee # | Last Name | First Name | M.I. | ShiftTime (circle only one): EM PM Day | ShiftType (circle only one): Regular Overtime Off Duty |
| Non-Employee Witnesses | | | | | |
| Last Name | | First Name | | M.I. | |
| Street Address | | City | Zip Code | Work Ph | Home Ph |
| Last Name | | First Name | | M.I. | |
| Street Address | | City | Zip Code | Work Ph | Home Ph |
| Last Name | | First Name | | M.I. | |
| Street Address | | City | Zip Code | Work Ph | Home Ph |
| Supervisors | | | | | |
| Employee # | Last Name | First Name | M.I. | (circle one or more): <u>On Duty</u> Present during shooting | Witness to shooting Involved in shooting |
| Employee # | Last Name | First Name | M.I. | (circle one or more): <u>On Duty</u> Present during shooting | Witness to shooting Involved in shooting |
| Watch Sergeant | | | | | |
| Employee # | Last Name | First Name | | M.I. | |
| | Key | Gregory | | | |
| Watch Commander | | | | | |
| Employee # | Last Name | First Name | | M.I. | |
| | Slaughter | Dreda | | M | |

| | |
|----------------------|----------------|
| PSTD Use Only | |
| SH # | 2046388 |

| Rollout Information | | | | | | | |
|------------------------------|------------|--------------|---------|----------------|------------|------------------------|----|
| Arrival Date | 09/21/2001 | Arrival Time | 1200 | Date Submitted | 01/03/2001 | Date of Recommendation | |
| Employee # | | Last Name | Gregg | First Name | Lawrence | M.I. | R. |
| Employee # | | Last Name | Porlier | First Name | Clay | M.I. | |
| Employee # | | Last Name | O'Brien | First Name | Thomas | M.I. | M. |
| Shooting / Force Information | | | | | | | |

Shooting / Force Information

Method

| | | | |
|------|------------------------------------|------|-------------------------------------|
| (AW) | Anwen | (OV) | Other Weapon: Vehicle |
| (BC) | Baton:(Control) | (OB) | Other Weapon: Blunt Object |
| (BI) | Baton:(Impact) | (OO) | Other Weapon: Other |
| (BF) | Bodily Fluids | (PK) | Personal Weapon: Feet/Leg: (Kick) |
| (CN) | Canine | (PS) | Personal Weapon: Feet/Leg: (Sweep) |
| (CR) | Carotid Restraint | (PH) | Personal Weapon (Hand/Arm) |
| (CH) | Choke Hold | (PP) | Personal Weapon (Push) |
| (CT) | Control Holds:(Control Techniques) | (PO) | Personal Weapon (Other) |
| (TT) | Control Holds:(Team Takedown) | (RS) | Resistance |
| (TD) | Control Holds:(Takedown) | (CN) | Restraint Device (Capture Net) |
| (CE) | Chemical | (RH) | Restraint Device (Handcuffs) |
| (OC) | Chemical Agents (OC Spray) | (HB) | Restraint Device:Hobble (Legs Only) |
| (TG) | Chemical Agents (Tear Gas) | (TP) | Restraint Device:Hobble (TARP) |
| (EX) | Explosives | (RE) | Restraint Device: REACT Belt |
| (FH) | Firearm (Handgun) | (SP) | Sap |
| (FR) | Firearm (Rifle) | (SH) | Shield |
| (FS) | Firearm (Shotgun) | (SG) | 37mm Stinger |
| (FO) | Firearm (Other) | (SB) | Sting Ball |
| (FB) | Flashbang | (ST) | Stun Bag |
| (FL) | Flashlight | (TR) | Taser |
| (OE) | Other Weapon: Edged | (UC) | Uncooperative |

Type of Injury

| | |
|------|-----------------------|
| (AB) | Abrasion |
| (BR) | Bruise |
| (BU) | Burn |
| (CP) | Complaint of Pain |
| (CO) | Concussion |
| (DH) | Death |
| (DI) | Dislocation |
| (DB) | Dog Bite |
| (FR) | Fractures |
| (GS) | Gunshot |
| (HB) | Human Bite |
| (LC) | Lacerations |
| (ND) | Nerve Damage |
| (OD) | Organ Damage |
| (PA) | Paralysis |
| (PW) | Puncture Wound |
| (SD) | Soft Tissue Damage |
| (ST) | Sprain/Twists |
| (UN) | Unconscious |
| (RM) | Refused Med Treatment |
| (NN) | NONE |

Body Part Injured

| | |
|------|----------|
| (AD) | Abdomen |
| (AK) | Ankle |
| (AR) | Arm |
| (BK) | Back |
| (BT) | Buttocks |
| (CH) | Chest |
| (EL) | Elbow |
| (FA) | Face |
| (FE) | Feet |
| (FI) | Fingers |
| (GE) | Genitals |
| (GR) | Groin |
| (HD) | Hand |
| (HE) | Head |
| (HI) | Hip |
| (IN) | Internal |
| (KN) | Knees |
| (LE) | Leg |
| (NK) | Neck |
| (SH) | Shoulder |
| (WR) | Wrist |

Brand

| | | | | | |
|------|-------------------------|------|----------------|------|-----------------------|
| (AK) | AK-47 | (IV) | Iver Johnson | (RI) | RGI |
| (BN) | Benelli | (JE) | Jennings | (RO) | Rossi |
| (BR) | Beretta | (LO) | Lorcin | (SW) | Smith & Wesson |
| (BW) | Browning | (LU) | Luger | (SR) | Sturm Ruger |
| (CH) | Charter Arms | (MA) | Marlin | (ST) | Sterling |
| (CO) | Colt | (MO) | Mossberg | (TA) | Taurus |
| (DA) | Davis Industries | (NC) | NCI aka SKS | (WE) | Weatherby |
| (GL) | Glock | (NA) | North American | (WN) | Winchester |
| (HA) | Harrington & Richardson | (NO) | Norinco | (US) | US Government |
| (HI) | Hi Standard | (RA) | Raven | (YY) | Handmade (Inmate) |
| (HK) | H & K | (RM) | Remington | (XX) | Homemade (Non-Inmate) |
| (IT) | Ithica | (RG) | RG | (ZZ) | Other Brand |

Caliber

| | | | | | |
|------|--------------|------|---------------|------|---------------|
| (9) | 9 mm | (24) | .243 caliber | (41) | .410 gauge |
| (10) | 10 mm | (25) | .25 caliber | (44) | .44 caliber |
| (12) | 12 gauge | (30) | .308 caliber | (45) | .45 caliber |
| (20) | 20 gauge | (35) | .357 caliber | (50) | 50 mm |
| (21) | 22-250 | (36) | 30-60 caliber | (SL) | Slug |
| (22) | .22 caliber | (38) | .38 caliber | (WW) | Other caliber |
| (23) | .223 caliber | (40) | .40 caliber | | |

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

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| Involved Employee | | | | | | | | | | |
|------------------------------|---------------------------------|--------------------------|------------------------------|---------------------|--|---|-----------------|----------------------------|-------------------------------------|--|
| E | Employee # | | Last Name | | | First Name | | M.I. | | |
| | | | Jaimes | | | Angel | | E. | | |
| | Sex: | Race: | Rank | Unit Assignment: | | Work Assignment (Unit #, Module, etc.): | | | | |
| | M | H | Deputy | Century | | | | | | |
| | ShiftTime (circle only one): | | ShiftType (circle only one): | | Intoxication/Drug Usage? | | Substance Used: | | | |
| | EM PM Day | | Regular Overtime Off Duty | | <input type="checkbox"/> | | | | | |
| | Hospital Admission? | | Hospital Name: | | Coroner Case? | | Coroner Case # | | Interviewed? | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | |
| | Hrs of sleep prior to shooting: | | Duty Time (hrs): | | Clothing (circle only one): | | Other Factors: | | | |
| | 5.5 hours | | | | Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest | | | | | |
| Age: | | Height: | | Weight: | | | | | | |
| | | 5'10" | | 235 | | | | | | |
| Range Qualification Date: | | | PPC Qualification Date: | | | Laser Training Date: | | | | |
| | | | | | | | | | | |
| Certified with Weapon Used? | | Patrol Certification? | | Certification Unit: | | Prior Shootings? | | Number of Prior Shootings: | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | 3 | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| E | Employee # | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| | Sex: | Race: | Rank | Unit Assignment: | | Work Assignment (Unit #, Module, etc.): | | | | |
| | | | | | | | | | | |
| | ShiftTime (circle only one): | | ShiftType (circle only one): | | Intoxication/Drug Usage? | | Substance Used: | | | |
| | EM PM Day | | Regular Overtime Off Duty | | <input type="checkbox"/> | | | | | |
| | Hospital Admission? | | Hospital Name: | | Coroner Case? | | Coroner Case # | | Interviewed? | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| | Hrs of sleep prior to shooting: | | Duty Time (hrs): | | Clothing (circle only one): | | Other Factors: | | | |
| | | | | | Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest | | | | | |
| Age: | | Height: | | Weight: | | | | | | |
| | | | | | | | | | | |
| Range Qualification Date: | | | PPC Qualification Date: | | | Laser Training Date: | | | | |
| | | | | | | | | | | |
| Certified with Weapon Used? | | Patrol Certification? | | Certification Unit: | | Prior Shootings? | | Number of Prior Shootings: | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| E | Employee # | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| | Sex: | Race: | Rank | Unit Assignment: | | Work Assignment (Unit #, Module, etc.): | | | | |
| | | | | | | | | | | |
| | ShiftTime (circle only one): | | ShiftType (circle only one): | | Intoxication/Drug Usage? | | Substance Used: | | | |
| | EM PM Day | | Regular Overtime Off Duty | | <input type="checkbox"/> | | | | | |
| | Hospital Admission? | | Hospital Name: | | Coroner Case? | | Coroner Case # | | Interviewed? | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| | Hrs of sleep prior to shooting: | | Duty Time (hrs): | | Clothing (circle only one): | | Other Factors: | | | |
| | | | | | Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest | | | | | |
| Age: | | Height: | | Weight: | | | | | | |
| | | | | | | | | | | |
| Range Qualification Date: | | | PPC Qualification Date: | | | Laser Training Date: | | | | |
| | | | | | | | | | | |
| Certified with Weapon Used? | | Patrol Certification? | | Certification Unit: | | Prior Shootings? | | Number of Prior Shootings: | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |
| Field Training Officer Emp # | | | Last Name | | | First Name | | M.I. | | |
| | | | | | | | | | | |

Officer Involved Shooting Suspect Information

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Suspect Information

| | | | | |
|--|--|--|--|-------------------------|
| S1 Last Name | | First Name | | M.I. |
| AKA Last Name | | First Name | | M.I. |
| Sex: M | Race: H | Street Address: | | City: State & Zip Code: |
| Work Phone: | Home Phone: | Social Security #: | Driver's License #: | |
| Age: 16 | D.O.B.: | Height: 5'06" | Weight: 120 | FBI # CII # |
| Booking # | Primary Charge: Assault with a Deadly Weaon | | Secondary Charge: | |
| Coroner Case? <input type="checkbox"/> | Coroner Case # | Intoxication/Drug Usage? <input checked="" type="checkbox"/> | Substance Used: Marijuana | |
| Armed? <input checked="" type="checkbox"/> | Apprehended? <input checked="" type="checkbox"/> | Mental Illness? <input type="checkbox"/> | Criminal History? <input type="checkbox"/> | |
| Vehicle Make: Bicycle | | Model: | | Year: |

| | | | | |
|--|---------------------------------------|---|--|-------------------------|
| S Last Name | | First Name | | M.I. |
| AKA Last Name | | First Name | | M.I. |
| Sex: | Race: | Street Address: | | City: State & Zip Code: |
| Work Phone: | Home Phone: | Social Security #: | Driver's License #: | |
| Age: | D.O.B.: | Height: | Weight: | FBI # CII # |
| Booking # | Primary Charge: | | Secondary Charge: | |
| Coroner Case? <input type="checkbox"/> | Coroner Case # | Intoxication/Drug Usage? <input type="checkbox"/> | Substance Used: | |
| Armed? <input type="checkbox"/> | Apprehended? <input type="checkbox"/> | Mental Illness? <input type="checkbox"/> | Criminal History? <input type="checkbox"/> | |
| Vehicle Make: | | Model: | | Year: |

| | | | | |
|--|---------------------------------------|---|--|-------------------------|
| S Last Name | | First Name | | M.I. |
| AKA Last Name | | First Name | | M.I. |
| Sex: | Race: | Street Address: | | City: State & Zip Code: |
| Work Phone: | Home Phone: | Social Security #: | Driver's License #: | |
| Age: | D.O.B.: | Height: | Weight: | FBI # CII # |
| Booking # | Primary Charge: | | Secondary Charge: | |
| Coroner Case? <input type="checkbox"/> | Coroner Case # | Intoxication/Drug Usage? <input type="checkbox"/> | Substance Used: | |
| Armed? <input type="checkbox"/> | Apprehended? <input type="checkbox"/> | Mental Illness? <input type="checkbox"/> | Criminal History? <input type="checkbox"/> | |
| Vehicle Make: | | Model: | | Year: |

| | | | | |
|--|---------------------------------------|---|--|-------------------------|
| S Last Name | | First Name | | M.I. |
| AKA Last Name | | First Name | | M.I. |
| Sex: | Race: | Street Address: | | City: State & Zip Code: |
| Work Phone: | Home Phone: | Social Security #: | Driver's License #: | |
| Age: | D.O.B.: | Height: | Weight: | FBI # CII # |
| Booking # | Primary Charge: | | Secondary Charge: | |
| Coroner Case? <input type="checkbox"/> | Coroner Case # | Intoxication/Drug Usage? <input type="checkbox"/> | Substance Used: | |
| Armed? <input type="checkbox"/> | Apprehended? <input type="checkbox"/> | Mental Illness? <input type="checkbox"/> | Criminal History? <input type="checkbox"/> | |
| Vehicle Make: | | Model: | | Year: |

Los Angeles County Sheriff's Department

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Non-Employee Witnesses

[illegible]

Los Angeles County Sheriff's Department

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Non-Employee Witnesses

[illegible]